

2011 Kaiser Permanente Post-MRMIP Graduate Product Comparative Benefit Matrix (AB 1401)

This benefit summary is intended to help you compare coverage and benefits and is a summary only. For a more detailed description of coverage, benefits, and limitations, including any related exclusions not contained in this benefit summary, please contact the health care service plan or health insurer and consult the individual plan's evidence of coverage. The comparative benefit summary is updated annually, or more often if necessary to be accurate. The most current version of this comparative benefits summary is also available on kaiserpermanente.org. However, the plan may simply provide a link to this website and the DMHC's version of this matrix. You may contact the Department of Managed Health Care at (888) HMO-2219 for further assistance regarding the matrix.

Plan Name	Plan Contact Name and Phone Number
Kaiser Foundation Health Plan	Member Service Call Center 800-464-4000

Coverage Summary

<p>Eligibility requirements</p>	<p>You are eligible to enroll in the Post-MRMIP Graduate Product if you meet any of the following criteria:</p> <ul style="list-style-type: none"> • Apply for coverage within 63 days of the termination date of previous coverage under the MRMIP and have had continuous coverage under the MRMIP for a period of 36 consecutive months, or • Have been enrolled in a Post-MRMIP standard benefit plan and move to an area within the state that is not in the service area of the plan or insurer you previously selected and you apply for coverage within 63 days of termination of previous coverage, or • Have been enrolled in a Post-MRMIP standard benefit plan that is no longer available where you reside and apply for coverage within 63 days of the termination date of the previous coverage <p>Plans may decline coverage if you are eligible for parts A and B of Medicare at the time of application and are not enrolled in Medicare solely due to end stage renal disease.</p> <p>Dependents -The following dependents may also be enrolled: Subscriber's spouse, Subscriber or spouse's unmarried children; dependent children over age 23 incapable of self-sustaining employment due to certain disabilities. (Consult the Plan's Evidence of Coverage for further information as availability of dependent coverage varies).</p>
<p>The full premium cost if each benefit package in the service area in which the individual and eligible dependents work or reside</p>	<p>Premiums charged by plans vary by region and age of subscribers. See Post-MRMIP Graduate Product Rate Chart on this website.</p>

2010 Kaiser Permanente Post-MRMIP Graduate Product Comparative Benefit Matrix (AB 1401)

When and under what circumstances do benefits cease	<p>Coverage may be terminated by the Plan under the following circumstances:</p> <ul style="list-style-type: none"> • Loss of eligibility by Subscriber or enrolled dependents, including (1) Subscriber or Dependent(s) move out of the Plan's service area (Please contact the Plan for further details regarding the process for selection of a different Post-MRMIP Graduate Product under such circumstances) or out of California or (2) Enrolled dependents no longer meet eligibility requirements. • Termination of Plan type by Plan in which Subscriber or Dependents is enrolled (Please contact the Plan for further details regarding the process for selection of a different Post-MRMIP Graduate Product under such circumstances) • Non-payment of subscription charges • Fraud or material misrepresentation <p>(This list represents a general summary. Please consult the Plan's Evidence of Coverage for specific details regarding causes for termination by the Plan).</p>
The terms under which coverage may be renewed	<p>Coverage under the Plan shall continue, except under the following circumstances:</p> <ul style="list-style-type: none"> • Loss of eligibility by Subscriber or by enrolled Dependents • Non-payment of subscription charges • Fraud or material misrepresentation • Termination of plan type by Plan in which Subscriber or Dependents is enrolled (Please contact the Plan for further details regarding the process for selection of a different Post-MRMIP Graduate Product under such circumstances) • Subscriber moves out of the service area.
Other coverage that may be available if benefits under the described benefit package cease	<p>Individual product, Kaiser Permanente for Individuals and Families, may be available if benefits under the described benefit package cease. Eligibility for Kaiser Permanente for Individuals and Families is subject to medical review, except for applicants under the age of 19, who must undergo medical review and must be accepted under applicable law.</p>
The circumstances under which choice in the selection of physicians and providers is permitted	<p>Members are encouraged to choose a primary care Plan Physician from a list of available Plan Physicians in the following specialties: internal medicine, obstetrics/gynecology, family practice, and pediatrics. Members may change their primary care Plan Physician at any time.</p>

Coverage Summary

Lifetime and annual maximums	<p>\$ 200,000 Calendar Year Maximum \$ 750,000 Lifetime Maximum Annual out-of-pocket maximum: \$2,500 for one Member; \$4,000 for an entire family unit</p>
Deductibles	None

2010 Kaiser Permanente Post-MRMIP Graduate Product Comparative Benefit Matrix (AB 1401)

Benefits Summary (*1)		Co-payments	Limitation
Professional Services	Most primary and specialty care consultations and exams Eye exams for refraction (through age 16) Hearing exams for Members age 16 and under Well-child preventive exams (through age 23 months) Scheduled prenatal care exams and first postpartum follow-up consultation and exam Family planning counseling Physical, occupational, and speech therapy	\$20 per visit \$20 per visit \$20 per visit \$15 per visit \$15 per visit \$20 per visit \$20 per visit	
Outpatient Services	Outpatient surgery and certain other outpatient procedures Allergy injections (including allergy serum) Most Immunizations (including vaccines) Most X-rays and laboratory tests Health education: Most individual health education counseling and programs Covered group educational programs	\$100 per procedure \$3 per visit No charge \$5 per encounter \$20 per visit No charge	
Hospitalization Services	Room and board, surgery, anesthesia, X-rays, laboratory tests, and drugs	\$200 per day	
Emergency Health Coverage	Emergency Department visits	\$100 per visit	This Cost Sharing does not apply if admitted directly to the hospital as an inpatient for covered Services (see "Hospitalization Services" under the "Benefits and Cost Sharing" section in the Evidence of Coverage for inpatient Cost Sharing).
Ambulance Services	Ambulance services	\$75 per trip	

2010 Kaiser Permanente Post-MRMIP Graduate Product Comparative Benefit Matrix (AB 1401)

Benefits Summary (*1)		Co-payments	Limitation
Prescription Drug Benefits	<p>Most covered outpatient items in accord with our drug formulary guidelines from Plan Pharmacies or from our mail-order service:</p> <p>Up to 30-day supply (generic) Up to 30-day supply (brand)</p> <p>Sexual dysfunction drugs</p>	<p>\$10 \$35</p> <p>50% Coinsurance</p>	<p>Drugs, supplies, and supplements are covered when prescribed by a Plan physician and in accord with our drug formulary guidelines. Certain drugs are covered only for a 30-day supply in a 30-day period.</p> <p>You can get a 100-day supply for two copayments through our mail-order service.</p>
Durable Medical Equipment	Covered durable medical equipment for home use in accord with our durable medical equipment formulary guidelines	20% Coinsurance	See "Durable Medical Equipment for Home Use" and "Prosthetic and Orthotic Devices" under the "Benefits and Cost Sharing" section in the Evidence of Coverage for additional information about covered DME.
Mental Health Services	<p>Inpatient psychiatric hospitalization and intensive psychiatric treatment programs</p> <p>Outpatient mental health evaluations and treatments:</p> <p>Up to a total of 15 individual and group visits per calendar year that include services for mental health evaluation treatment</p>	<p>\$200 per day</p> <p>\$20 per individual visit \$10 per group visit</p>	<p>Up to 10 days per calendar year</p> <p>Visit and day limits do not apply to Serious Emotional Disturbances of children and Severe Mental Illnesses as described in the "Benefits and Cost Sharing" section of the Evidence of Coverage.</p>
Chemical Dependency Services	Inpatient detoxification	\$200 per day	
Home Health Services	<p>Home health and hospice care services (**2)</p> <p>Hospice care Home health care</p>	<p>No charge No charge</p>	<p>Part-time or intermittent home health covered up to:</p> <ul style="list-style-type: none"> • Up to 2 hours per visit for visits by a nurse, medical social worker, or physical, occupational, or speech therapist and up to 4 hours per visit for visits by a home health aide • Up to 3 visits per day • Up to 100 visits per calendar year

2010 Kaiser Permanente Post-MRMIP Graduate Product Comparative Benefit Matrix (AB 1401)

Benefits Summary (*1)		Co-payments	Limitation
Custodial Care and skilled nursing facilities	Skilled nursing Facility care Custodial care	No charge Not covered	Up to 100 days per benefit period

(*1) For participating providers, percentage co-payments represent a percentage of actual cost, or, if the plan pays the provider a per-member-per-month rate, an equivalent cost. Percentage co-payments for services provided by non-participating providers are a percentage of usual, customary or reasonable rates, negotiated costs, or billed charges, as determined by the plan. (Please consult the Evidence of Coverage). In a PPO, enrollees are also responsible for any excess amount billed by a non-participating provider.

(2)** Hospice benefits are available through the plan. Please consult plan's Evidence of Coverage.